Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 4.18-D

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

SOUTH DAKOTA

Premiums Imposed on Low Income Pregnant Women and Infants

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

N/A

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

N/A

*Description provided on attachment.

TN No. 91-17
Supersedes Approval Date 12 13 91
TN No. WEW

Effective Date 10/1/91

HCFA ID: 7986E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT						
State/Territory: Collin Della						
C. State or local funds under other programs are used to pay for premiums:						
		Yes		<u> </u>	No	
			N/A			
D.	a pre	riteria used mium because ibed below:	for deter it would	mining w cause an	hether undue	the agency will waive payment of hardship on an individual are
			N/A			
						. *
*Description provided on attachment.						

Effective Date 10-1-91

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